

FILED  
APR 23 2008  
RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
E-filing

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Raymond Crowther

Plaintiff,

vs.

Superior Court of California  
County of San Mateo Defendant.  
Etc...

CV 08

1981

CASE NO. \_\_\_\_\_

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

CW  
(PR)

I, Raymond Crowther, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No /

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 In 2003

5 \$ 11.70 per Hrs

6  
 7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or  
 10 self employment

Yes \_\_\_ No ✓

11 b. Income from stocks, bonds,  
 12 or royalties?

Yes \_\_\_ No ✓

13 c. Rent payments?

Yes \_\_\_ No ✓

14 d. Pensions, annuities, or  
 15 life insurance payments?

Yes \_\_\_ No ✓

16 e. Federal or State welfare payments,  
 17 Social Security or other govern-  
 18 ment source?

Yes ✓ No \_\_\_

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married?

Yes \_\_\_ No ✓

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 0 Net \$ 0

28 4. a. List amount you contribute to your spouse's support: \$ 0

1 b. List the persons other than your spouse who are dependent upon you for  
 2 support and indicate how much you contribute toward their support. (NOTE:  
 3 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4 THEIR NAMES.).  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 5. Do you own or are you buying a home? Yes \_\_\_ No ☒

8 Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

9 6. Do you own an automobile? Yes \_\_\_ No ☒

10 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_ No \_\_\_ If so, Total due: \$ 0

12 Monthly Payment: \$ 0

13 7. Do you have a bank account? Yes \_\_\_ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_  
 15 \_\_\_\_\_

16 Present balance(s): \$ 0

17 Do you own any cash? Yes \_\_\_ No ☒ Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19 market value.) Yes \_\_\_ No ☒

20 \_\_\_\_\_  
 21 8. What are your monthly expenses?

22 Rent: \$ 0 Utilities: \_\_\_\_\_

23 Food: \$ 0 Clothing: \_\_\_\_\_

24 Charge Accounts:

25	<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26	_____	\$ <u>0</u>	\$ <u>0</u>
27	_____	\$ <u>0</u>	\$ <u>0</u>
28	_____	\$ <u>0</u>	\$ <u>0</u>

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 NO

4  
5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes \_\_\_ No ☒

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

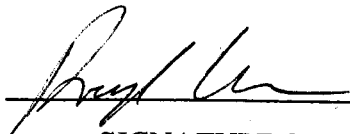
9  
10

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15  
16 4 - 20 - 2008

17 DATE



SIGNATURE OF APPLICANT

18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT				
DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
12/21/2007	H106	UNITED PARCEL SERVICE HOLD	2499 POST	4.46
TRUST ACCOUNT SUMMARY				
BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE
0.00	0.00	0.00	0.00	4.46
				TRANSACTIONS TO BE POSTED
				0.00

CURRENT AVAILABLE BALANCE

4.46

ATTN: Please See The Attach

Last Two Pages For Information  
Regarding Trust Account Certificate

United State District Court

Case # CV-08-1981 CW

PR

Dated 4-20-2008 Sign. X Ray Crowther

**INMATE/PAROLEE****APPEAL FORM**

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME <u>Raymond Crowther</u> <u>Raymond Crowther</u>	NUMBER <u>V79553</u>	ASSIGNMENT <u>Reception Center</u>	UNIT/ROOM NUMBER <u>Gym 46</u>
--	-------------------------	---------------------------------------	-----------------------------------

A. Describe Problem: I must Have The Attach Certificate of my Trust  
Account Stamp And sign AS soon AS possible Please  
I Tried To Get This Done But For some Reason I Can't  
I Have A Dead Line To meet with the U.S. District Court.  
my U.S. District Court Case# CV-08-1981 CW(PR)

I Have Also Serve Copy of this CDCR Inmate Appeal 602  
Form on The U.S. District Court.

See The Attach Proof of Service By Mail

If you need more space, attach one additional sheet.

B. Action Requested: Could I Please Have The Attach Certificate Stamp  
Sign And Return To me AS SOON AS possible

Inmate/Parolee Signature: [Signature]Date Submitted: 4-20-2008

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

**D. FORMAL LEVEL**

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: \_\_\_\_\_



CDC 602 (12/87)

☐ See Attached Letter

DIRECTOR'S ACTION: ☐ Granted

☐ P. Granted

☐ Denied

☐ Other

Date: \_\_\_\_\_

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate Appeals

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Warden/Superintendent Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

☐ See Attached Letter

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: \_\_\_\_\_

Due Date: \_\_\_\_\_

Second Level ☐ Granted

☐ P. Granted

☐ Denied

☐ Other

Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Returned

Date to Inmate: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: \_\_\_\_\_

Due Date: \_\_\_\_\_

First Level ☐ Granted

☐ P. Granted

☐ Denied

☐ Other

**DECLARATION OF SERVICE BY MAIL**

I, Raymond Crowther, the undersigned, declare:  
Printed Name of Declarant

I am over the age of 18 years, a citizen of the United States of America, and am not a party to the cause within. My residence address is:

CDC No. V79553 Housing Gym 46  
 San Quentin State Prison  
 San Quentin, CA 94974

On 4 20, 2008, I served the following document(s):  
Month/Day Year

California Department of Correction Form 602

on the parties and at the addresses described below by placing the pleadings in a sealed envelope, with postage fully prepaid, and presented said item(s) to Corrections Department staff for mailing in the United States Mail as per the rules and regulations governing outgoing legal mail at San Quentin State Prison.

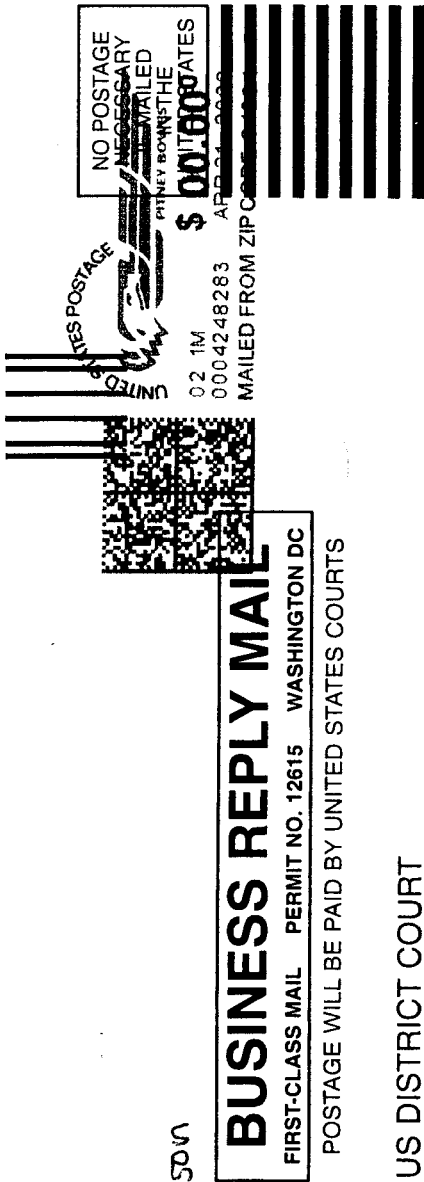
<u>Appeals Coordinator</u>	<u>U.S. District Court</u>
<u>San Quentin State Prison</u>	<u>450 Golden Gate Ave</u>
<u>San Quentin CA 94974</u>	<u>San Francisco CA 94102</u>

I swear under penalty of perjury that the foregoing is true of my own personal knowledge. Executed on this 20<sup>th</sup> day of April, 2008, at San Quentin, CA, County of Marin.

  
 Signature of declarant



Raymond Crowther  
CDC # V79553  
San Quentin State Prison  
San Quentin CA 94974



US DISTRICT COURT  
450 GOLDEN GATE AVE  
PO BOX 36060  
SAN FRANCISCO CA 94102-9680

